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PICK-UP	WAIT	MAJL				
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(D	ocument Number)					
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Certified Copies	Centicates	or Status				
Considirect systems to Fill	ing Officer:					
Special Instructions to Filing Officer:						

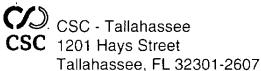
Office Use Only



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850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 05/19/23 Order #: 1216145-1

Re: Palm Bay Property Investors, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Palm Bay Property Investors, LLC						
	Name of Limited Liability Company						
The enc Existenc	losed "Application by Foreign Limited Liabilit ce, and check are submitted to register the abov	cy Company for Authorization to Transact Business in Florida," Certificate of the referenced foreign limited liability company to transact business in Florida.					
Please re	eturn all correspondence concerning this matte	r to the following:					
	Joan E. Thurmond						
		Name of Person					
	Life Care Centers of America, Inc.						
		Firm/Company					
	3570 Keith Street, NW						
		Address					
	Cleveland, TN 37312						
		City/State and Zip Code					
	joan_thurmond@lcca.com						
	E-mail address: (to	be used for future annual report notification)					
For furth	er information concerning this matter, please of	eatl:					
	Joan E. Thurmond	423 473-5868 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	PARTMENT OF STATE See & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

(Name of Fereign	Limited Liability Company; must include "Limited	d Linsility	Company," "L.L.C.," or "LLC")	
same unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The	alternate name must include "Limited Liab	wlisty Company," "LT, C," or "LL)
Tennessee		2	93-1434886	
Ourisdiction under the law of w	high foreign limited liability company is organized)	3. (FEI nummer, if applicable)		, if ipplicable)
upon qualification				
	(Date liest transacted business in Florida, if prior to (See sections 605,0204 & 605,0905, F.S. to determi	registration ite penalty	k lishilish)	
3570 Keith Street, N		6.	3570 Keith Street, NW	
el Address of Principal Office)		v.	(Mading Address)	
Cleveland, TN 37312	2		Cleveland, TN 37312	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	200 Si
Name:	Corporation Service Company			2023 MAY 19 Segal And
Office Address:	1201 Hays Street			∽ "`
	Tallahassee		32301 , Florida	AMII: 31 OF STATI SIES IN
	(City)		(Zip code)	ra

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Clexico Weilard - Sorenson, Avy

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Corporate Manager	Name: Developers Investment Company II, Inc.	□Manager	Name: Forrest L. Preston
☐ Member Address: 3570 Keith Street, NW		□Member	Address: 3570 Keith Street, NW
□Authorized	Cleveland, TN 37312	Authorized	Cleveland, TN 37312
Person		Person	President of Corporate Manager
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name: Cindy S. Cross
□Member	Address: 3570 Keith Street, NW	□Member	Address: 3570 Keith Street, NW
Authorized	Cleveland, TN 37312	■Authorized	Cleveland, TN 37312
Person	Vice President of Corporate Manager	Person	Vice President/Secretary of Corporate Manager
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 2570 Keith Street, NW	□Member	Address:
⊠Authorized	Cleveland, TN 37312	□Authorized	
Person	Assistant Secretary of Corporate	Person	
□Other	3	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Palm Bay Property Investors, LLC
By Developers Investment Company II, Inc., corporate manager

Signature of at authorized serson

Joan E. Thurmond, Assistant Secretary

Typed or printed name of signee



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CAPITAL FILING SERVICE 992 DAVIDSON DR., STE B. STE B. NASHVILLE, TN 37205

May 18, 2023

Request Type: Certificate of Existence/Authorization

Request #:

0530752

Issuance Date: 05/18/2023

Copies Requested:

Document Receipt

Receipt #: 008125328

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3851440477

\$20.00

Regarding:

Palm Bay Property Investors, LLC

Filing Type:

Limited Liability Company - Domestic

Control # :

1427749

Formation/Qualification Date: 05/16/2023

Date Formed:

05/16/2023

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: BRADLEY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Palm Bay Property Investors, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 060724018